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Editorial

Gouging Granny

Allen's bill would help fix an unfair drug pricing system

om Allen, our representative in the U.S. House, has come up with a sensible proposal for dealing with the big disparity between what many seniors pay for prescription drugs and what bigger customers pay.

Naturally, it's being attacked.

Allen's bill has been rolling along gathering cosponsors in the House (66 at last count, though all but one are Democrats). At the same time, it has raised the ire of pharmaceutical companies that apparently sense a threat to their hefty profits.

Some of the opposition has sounded reasonable on its face. Drug companies say that instead of attacking the higher prices paid by Medicare recipients who can't buy extra prescription coverage, Allen ought to work to have Medicare cover prescriptions just as many private insurance plans do. (What they don't mention here is that their industry has consistently opposed that change.)

Some of the arguments offered against Allen's bill are silly. One lobbying group described the proposal as "a dagger pointed at the hearts of America's senior citizens" because lower profits would lead to less research into new cures.

What that says is that the drug companies are taking money from low-income senior citizens and others to fund research, and that without this price disparity their commitment to research will have to diminish. Is that the image the companies really want to project?

According to research done by

Allen and the staff of the House Government Reform Committee, seniors without prescription coverage typically pay about twice what insurance companies, or customers in Canada and Mexico, pay.

Here's an example: Thirty capsules of Prilosec, a drug commonly prescribed to treat ulcers and heartburn, cost a favored customer (usually an HMO or insurance company) \$56.38. In Canada they cost \$53.51 and in Mexico, \$29.46.

In this country, a customer with no prescription insurance coverage would pay \$111.89 for the same bottle of pills.

That helps explain those crazysounding drug-buying expeditions to Quebec by Maine seniors, who typically use more prescription drugs than younger residents.

It also helps explain why Allen is targeting this issue. Too many of his constituents are paying way to much for medicine they need. Either that, or they're shaving their doctors' recommended dosages in hopes of making the pills they have last longer.

If the strength of the opposition is an indication of how close to a nerve a bill is aimed, then Allen should feel good that he's right on target. But drug companies don't just invest in research, they also invest in good lobbyists. Their pressure could help ditch this bill, especially since the support so far has not exactly been bipartisan.

Allen should stay with this fight, and Mainers, when they get a chance, should send him signs of encouragement.